

# Welcome to Latah Creek Companion Animal Hospital

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name                                      First Name                                      Spouse/Other

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Address    City    State    Zip code

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_                      May we call you at work?  
 Home Phone                      Work Phone    Yes      No

(\_\_\_\_\_) \_\_\_\_\_                      \_\_\_\_\_  
 Cell Phone                                      Emergency Contact Name & Phone

\_\_\_\_\_  
 e-mail address (to receive e-mail reminders/specials/newsletters)

<i><u>Pet name</u></i>	<i><u>Species</u></i>	<i><u>Breed</u></i>	<i><u>Color</u></i>	<i><u>Age</u></i>	<i><u>Sex</u></i>	<i><u>Spay/ Neuter</u></i>

How did you hear about our Hospital? \_\_\_\_\_

**PAYMENT IS EXPECTED AT THE TIME OF SERVICE.** We are unable to extend credit on any account. We accept the following forms of payment: Cash, Check, Visa & Mastercard, Care Credit and Discover.

By signing below, I attest that I am the legal owner or agent of the above pets and am responsible for payment of services that I request for my pets.

\_\_\_\_\_  
 Signature of Owner/Agent                                      Date